

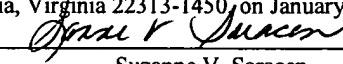


THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Bergendahl et al.  
Application No. : 10/680,759  
Filed : October 7, 2003  
Title : Ophthalmic Lens Transportation and Inspection Cell  
Docket No. : P03060

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on January 7, 2004.

  
Suzanne V. Saracen

INFORMATION DISCLOSURE STATEMENT

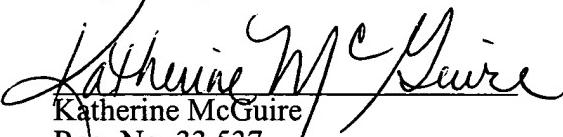
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Attached to this statement is a list of references relevant to the consideration of the patent application identified above. A copy of each cited reference is also attached hereto.

This statement shall not be construed as a representation that a search has been made or that no other material information as defined in 37 C.F.R. 1.56(a) exists.

Respectfully submitted,

  
Katherine McGuire  
Reg. No. 33,537

Bausch & Lomb Incorporated  
One Bausch & Lomb Place  
Rochester, New York 14604  
Phone: (585) 338-5526

Dated: January 7, 2004

LIST OF PATENTS AND PUBLICATIONS  
FOR APPLICANT'S INFORMATION  
DISCLOSURE STATEMENT



Attorney Docket No. P03060  
Serial No.: 10/680,759  
Applicants: Bergendahl et al.  
Filing Date: 10/7/03 Group

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**REFERENCE DESIGNATION**      **U.S. PATENT DOCUMENTS**

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Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date
AA	5443152	08/22/95	Davis	206	5.1	06/28/94
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						
AM						

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**FOREIGN PATENT DOCUMENTS**

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Document Number	Date	Country	Class	Subclass	Translation Yes	No*
AN 00/09981	02/24/00	WO	G01M	11/02	X	
AO 95/04264	09/02/95	WO	G01M	11/02	X	
AP						
AQ						
AR						

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**OTHER ART**  
**(Including Author, Title, Date, Pertinent Pages, Etc.)**

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AS None

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Examiner

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Date Considered

\*A statement of relevance pursuant to 37 CFR 1.98(a)(3) for all non-translated foreign documents cited herein is included in the IDS transmittal letter accompanying this form.